Securing our Future

Early Childhood Development Progress Report 2007/2008

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Message from the Ministers

Early childhood development initiatives are helping to secure the future of Saskatchewan. This document highlights initiatives that promote the well-being of children in their early years and key investments into our province's youngest citizens.

Healthy children are nurtured by strong families and robust communities. Attending to the needs of the whole child – the social, emotional, intellectual and spiritual dimensions – nurtures the skills and resilience for young children to transition into their school years, form friendships and make their own mark on the world stage. This work is enhanced by the voice of First Nations and Métis families and communities.

Experiences in early childhood are strongly linked to lifelong health and well-being. These experiences can result in differences in whether people stay healthy or become ill, and the type of housing, education, nutrition, employment, stress and risk of violence they may experience throughout their lifetime.

Preventing and reducing the impact of some of these negative outcomes is a key aim of investments in early childhood. By supporting children to have a strong start, we are promoting better education outcomes, better health outcomes and a brighter future for years to come.

Ken Krawetz
Deputy Premier and Minister of Education

Don McMorris
Minister of Health

Donna Harpauer
Minister of Social Services

Overview

Saskatchewan's *Early Childhood Development Progress Report 2007/2008* profiles areas of action and expenditure by the Government of Saskatchewan as agreed to in the Communiqué on Early Childhood Development 2000, the Multilateral Framework Agreement on Early Learning and Child Care 2003 and the Federal Child Care Spaces Initiative 2007.

First Ministers signed the Communiqué on Early Childhood Development in September 2000. This agreement committed First Ministers to invest new federal funding for early childhood development in four key areas:

- promoting healthy pregnancy, birth and infancy;
- improving parenting and family supports;
- strengthening early childhood development, learning and care; and
- strengthening community supports.

The provinces and territories agreed to expand and develop new early childhood development programs to address these four key areas, and to contribute provincial funds as they became available.

In March 2003, Ministers Responsible for Social Services signed the Multilateral Framework on Early Learning and Child Care. They agreed to report annually to Canadians on their progress to improve access to affordable, quality early learning and child care programs and services.

In its 2007 budget, the federal government committed to provide ongoing annual funding to the provinces and territories to support the creation of child care spaces that are responsive to the needs of parents and are administered in an efficient and accountable manner. Direct payments were made to the provinces for 2007-08. Saskatchewan's share was $7.5M. Beginning in 2008-09, this funding will flow through the Canada Social Transfer.

The federal government has committed to continuing these three funding streams through 2013-14. Progress on programming funded by all three federal funding streams is reported in the *Early Childhood Development Progress Report 2007/2008.*

Five areas of action are profiled in the 2007/2008 report:

- Early Learning and Child Care;
- Prekindergarten;
- Early Childhood Intervention Program;
- Infant mortality risk reduction initiatives; and
- the KidsFirst program.

Trends and Issues in Early Childhood Development

There is compelling economic and social policy argument for investments into early childhood. These investments help secure our future by fostering a skilled, creative workforce that has the ability to contribute to the growth of the province.

The majority of parents in Saskatchewan participate in the workforce. In Saskatchewan, the 2006 Census told us that 68.6% of women and 92.3% of men with children at home were part of the labour force.[1] Investments in early childhood development have an immediate economic impact because they increase the capacity of working families to provide supportive learning environments to their children.

Early childhood programs employ a large number of people and produce significant revenues. Research from the United States has shown, for example, that in New York State, the early learning and child care industry employs 119,000 workers in regulated programs serving 623,000 children. It produces $4.7 billion in gross receipts and serves 750,000 parents, who collectively earn over $30 billion annually. The industry is bigger than hotels and lodging, air transportation, public transportation and is almost as large as the banking industry.[2]

In Saskatchewan, there are over 4,200 child care providers working in the sector.

Investments in the early years have benefits beyond providing a safe place for children to be while their parents work. Investments in early childhood development have long term impacts on human capital and social development. Research has demonstrated that public investment into high quality early childhood development settings will, in the long run, pay for themselves and be a net contributor to revenues. According to research by Robert Lynch[3], investments in early childhood can result in the following:

[1] Statistics Canada, 2006 Census, Labour Force Activity, www.statscan.ca.
[2] "Early Childhood Education for All: A Wise Investment," Recommendations arising from "The Economic Impacts of Child Care and Early Education: Financing Solutions for the Future," a conference sponsored by Legal Momentum's Family Initiative and the Massachusetts Institute of Technology Workplace Center, April 2005
[3] Robert G. Lynch, *Exceptional Returns -- Economic, Fiscal, and Social Benefits of Investment in Early Childhood Development*, Economic Policy Institute, October 2004, www.epi.org)

• ***Increased human capital*** - Early childhood programs foster a flexible, innovative workforce. Assessments of well-designed and well-executed early childhood development programs have demonstrated that children who participate are more successful in school and in life after school than children who are not enrolled in high quality programs. Program participants tend to have higher scores on math and reading achievement tests, have greater language abilities, are better prepared to enter elementary school, are more likely to pursue secondary education, have less grade retention, have less need for special education and other remedial coursework, have higher rates of high school graduation, improved nutrition, better access to health care services, higher rates of immunization, better health, and experience less child abuse and neglect. These children are also less likely to be teenage parents and as adults are more likely to have higher employment rates, higher earnings, and greater self-sufficiency.

• ***Stronger families*** - Parents and families of children who participate in early childhood development programs also benefit. For example, mothers have fewer additional births, have better nutrition and smoke

less during pregnancy, are less likely to abuse or neglect their children, complete more years of schooling, have higher high school graduation rates, are more likely to be employed. They have higher earnings, engage in fewer criminal acts, have lower levels of drug and alcohol abuse, and are less likely to receive social assistance.

• ***Increased tax revenues*** - Greater tax revenues are generated as a results of higher earnings of early childhood program participants. There is also less reliance on social programming and costs associated with the judicial system and lower crime and incarceration costs, reduced child apprehension, and lower teenage pregnancy rates.

The benefits of the investments are realized over the long term. Although there may be positive family benefits in the short term, the true changes that result from early childhood programming are realized after children who participated enter the work force.

In a study about the economic impact of prekindergarten compared to business subsidies, Timothy Bartik found higher returns for prekindergarten, over a longer time span.[4]

Business subsidies have greater earnings effects than preschool in the short term. In the long term, universal prekindergarten has greater effects than business subsidies of the same cost. The programs can result in twice teh effoct on jobs for state residents, and a 15% greater effect on earnings for state residents. High quality early childhood programming, Bartik found, was more likely to create more jobs in the long run than business subsidies. This occurs when a sufficient number of children who benefitted from positive early learning opportunities join the labour market and enter their prime earning years.

Using the Early Development Instrument in 2009, Saskatchewan will collect school readiness information about kindergarten students. The province will join Manitoba, Ontario and British Columbia as the fourth province in Canada to collect this information on a provincial basis. The Early Development Instrument (EDI) provides information about the readiness to learn of groups of children as they enter school. The EDI can provide a catalyst for influencing policy and programming decisions by providing population level data about the kindergarten age children in a neighbourhood or community and how they fare on measures related to early success in school.[5]

The most vulnerable children make the greatest gains as a result of high quality early childhood programming, and therefore targeted programs may tend to realize the greatest rate of return on investment. However, there are significant gains on investment

[4]Timothy Bartik, "The Economic Development Effects of Early Childhood Programs", W.E. Upjohn Institute for Employment Research, February 2008, www.partnershipforsuccess.org.
[5]Offord Centre for Child Studies, "The EDI: A Population-based Measure for Communities, A Handbook on Development, Properties and Use," 2007, www.offordcentre.com/readiness/.

that can be made through programming available to all children. All children can benefit from good quality early childhood programs. Though early childhood programs differ in terms of their make-up and the types of services they offer, they tend to have common elements. According to research by Ellen Galinsky[6], programs that show the best results:

- have better trained caregivers, smaller child-to-staff ratios and greater intensity of service;
- have common principles that define ways of thinking about and interacting with children, their families and with colleagues;
- are clear about what they want to achieve;
- focus on all aspects of a child's growth, including intellectual, social, emotional and physical growth and well-being;
- value relationships as the building blocks of human development;
- treat children as active and experiential learners;
- use individualized curricula that are flexible enough to fit the children, their families and the program goals; and
- provide the opportunity for ongoing adult learning, observation, reflection and discussion about children's learning.

[6]Ellen Galinsky, "Economic Benefits of High-Quality Early Childhood Programs: What Makes the Difference?", Prepared for the Committee for Economic Development with funding from the A.L. Mailman Family Foundation, February 2006, www.childcaremanitoba.ca.

Early Learning and Child Care

Early learning and child care continued to be a priority in Saskatchewan in 2007-08. The province moved ahead by prioritizing enhancements based on available resources.

The 2007-08 provincial budget provided an increase of $8.2 million for new investments in the Early Learning and Child Care (ELCC) Program. Together with the subsequent addition of $7.5 million through the Federal Child Care Spaces Initiative, the province was able to commit to the following actions:

- funding for development of over 1,000 new licensed child care spaces;
- support for 36 new Prekindergarten programs, 21 with federal funding and an additional 15 with provincial funding;
- one-time funds of up to $3,000 per family child care home licensed before July 2001 to complete a fire inspection and to meet the requirements of that inspection;
- one-time funds of $10,000 per child care centre, plus $150 per space over 30 spaces, to address deferred maintenance of child care centres;
- family child care home supports, including monthly nutrition grants and increased start-up funding;
- increased Early Childhood Education (ECE) tuition reimbursement funding from $70 to $150 per class;
- an average 3% wage lift for child care centre staff;
- additional funding for Enhanced Accessibility Grants for the inclusion of children with exceptionally high diverse needs in child care services;
- one-time Early Learning Environment Grants for ELCC programs to purchase high quality resources to enhance learning environments; and
- Education Support Grants to assist early childhood educators in child care centres and licensed family child care homes to upgrade their ECE credentials.

Prekindergarten

In 1996-97, the Ministry of Education's Prekindergarten program was introduced as a partnership with school divisions that had community schools. Since then, the number of programs has grown to155 in 2007-08.

Additional funding was approved in the 2007-08 provincial budget to provide funding to 15 new Prekindergarten programs. In September 2007, funding was allocated through the Federal Child Care Spaces Initiative for an additional 21 Prekindergarten programs for a total of 36 newly funded programs in 2007-08. These programs were located in the following communities and schools:

- Swift Current: Central and St. Patrick;
- Yorkton: Columbia, St. Alphonsus (2) and Yorkdale;
- Melville: St. Henry's Junior Elementary;
- Moose Jaw: St. Agnes and William Grayson;
- North Battleford: Holy Family and Lawrence;
- Nipawin: Central;
- Melfort: Reynolds;
- Prince Albert: W. F. Turgeon and Vincent Massey;
- Regina: Coronation Park, Glen Elm, McLurg, M. J. Coldwell, St. Jerome and St. Timothy;
- Saskatoon: Bishop Klein, Caroline Robins, Fairhaven, Lester B. Pearson, Pleasant Hill, St. Frances and St. Mary;
- Warman: Warman Elementary;
- Weyburn: St. Dominic Savio;
- Estevan: St. Mary's;
- Wadena: Wadena Elementary;
- Meadow Lake: Lakeview;
- Rosthern: Rosthern Elementary;
- Indian Head: Indian Head Elementary; and
- Moosomin: McLeod.

Individual Prekindergarten programs enrol up to 16 three- and four-year olds in half day sessions, four or five days a week. The program is developmentally appropriate and incorporates elements to meet the needs and circumstances of the children and families involved in the program.

Specifically, early intervention Prekindergarten focuses on:

- fostering social development and self esteem;
- nurturing educational growth and school success;
- promoting language development; and
- engaging families.

Family engagement is a key goal for the Prekindergarten program in Saskatchewan. When parents are involved in learning, the benefits to children include improved cognitive functioning and greater school success. Teachers benefit from collaboration with parents and parental insights about their child.

Targeted Prekindergarten programs involve families directly in the classroom and in organized parent-child activities. Teachers visit with parents and family members in their homes and families have the opportunity to participate in family education programs.

Additional support services that may be offered through Prekindergarten include: transportation, speech and language, nutrition, dental health promotion and public health services, family literacy and music programs.

Better Beginnings, Better Futures is a guide to policy and practice for Prekindergarten programs in the province. It provides a conceptual framework for a high quality early childhood education program within a Prekindergarten. The document provides an overview of the components of a Prekindergarten program, practical considerations in developing a program for young children and discussion about roles and responsibilities for educators, parents, administrators and other community members. The document can be accessed at: www.education.gov.sk.ca/PreK

Infant Mortality Risk Reduction Initiatives

Infant mortality rates in developed countries have decreased significantly in the last 100 years. In 1985, the infant mortality rate in Saskatchewan was 11.0 per 1,000 live births. The provisional Saskatchewan infant mortality rate in 2006 was 6.4 infant deaths per 1,000 live births and in 2007 was 5.9. The seven year average rate was 6.3 per 1,000 live births.

Although the infant mortality rate in Saskatchewan has dropped over the last two decades, Saskatchewan's rate remains higher than the Canadian average. Underlying factors include poverty, ethnicity and culture, language, financial circumstances, education level, geography, housing and access to services. Much work is still needed in areas with disproportionately high rates of infant mortality.

The Ministry of Health funds direct interventions and prevention strategies that address the prevalent risk factors associated with infant mortality in the province's highest risk health regions.

Prenatal and Postnatal Nutritional Support for Vulnerable Mothers

In 2007-08, the Ministry of Health continued funding the two northern health regions, Keewatin Yatthé and Mamawetin Churchill River, to provide prenatal nutritional support to women in vulnerable circumstances. This support increases their knowledge and skills regarding health and nutrition during and after pregnancy. Interventions focus on prenatal, infant and general nutrition, food preparation for pregnancy and early childhood, economical shopping for healthy foods, breastfeeding and alcohol and smoking avoidance.

The northern project focused on pre- and perinatal services. These supports are provided in five communities that do not have access to the federally funded Canadian Prenatal Nutrition Program. The communities include Sandy Bay, Pinehouse, Buffalo Narrows, Beauval and Stony Rapids. In 2007-2008, the communities of Cole Bay, Jan's Bay, Green Lake, Michel Village, Camsell Portage and Uranium City also benefited from these nutrition projects.

Targeting Risk Factors for Infant Mortality

In order to reduce infant deaths province-wide and enhance prevention strategies, the Ministry of Health funded the Saskatchewan Prevention Institute to conduct a review of literature, programs, and services to provide support to existing strategies and programs geared to reducing infant mortality. This work focuses on the following key areas:

- increasing the depth of knowledge about factors that contribute to infant deaths such as infant care, Sudden Infant Death Syndrome, preterm births and congenital anomalies;
- raising awareness among parents, professionals, service providers and others about the major causes of perinatal and infant mortality;
- facilitating forums to discuss factors contributing to perinatal and infant mortality and reduction strategies; and
- building on existing partnerships and networks to enhance collaborative efforts in the areas of perinatal and infant health.

The full report, written by the Saskatchewan Prevention Institute, is called *Infant Mortality in Saskatchewan: Evidence to Inform Public Health Practice*, February 2009.

Early Childhood Intervention Program

The Early Childhood Intervention Program (ECIP) is a province-wide network of community based supports for families with children from birth to school age who experience or are at risk of developmental delays. ECIP works to enhance child development, support families and expand community networks.

ECIPs share the vision that all families have the capacity to meet the developmental needs of their children within the community of their choice.

Children who are involved with ECIPs are often delayed in reaching age-appropriate developmental milestones such as walking, talking, eating, maneuvering, playing or interacting socially. ECIP interventionists/consultants build relationships with families and assist them towards mutually-identified goals for their children and family.

ECIP staff provide a link between families and professional services. They work collaboratively with child care providers, speech and language pathologists, physiotherapists, occupational therapists, nurses, physicians, early childhood psychologists, teachers and school administrators, among others, to support achievement of family-centered goals. ECIP staff also support smooth transitions into school and other centre based programs and services as needed.

ECIP Goals:

- children's development is maintained or enhanced as a result of participation in ECIP;
- families have increased knowledge regarding their child's needs and strengths and their family needs and strengths;
- families' ability to advocate for their children who experience, or are at risk of, developmental delays will be enhanced; and
- communities will become more inclusive as families connect to programs and services that meet their needs.

An ECIP story...

In July 1993, I gave birth to a beautiful little baby girl. She was born with Down syndrome as well as many other health problems – the main one being a defective heart which was operated on when she only five weeks old. We had a few other major health scares in the months after, but eventually life settled down for us and we were able to start concentrating on looking for help so that our little girl would develop to her full potential. We were referred to ECIP as well as the Wascana Rehabilitation Centre for physiotherapy. When we first met our early interventionist, we could tell that she definitely had our little girl's best interests at heart. There were so many helpful things that she brought with her – toys that would help develop our daughter's fine and gross motor skills, and a lot of other stuff that was just plain fun! I can't say enough about how much all of those things helped our daughter to get to where she is today – a young lady with a great sense of humour and good musical skills (playing both the piano and the baritone in the school band) – a well rounded individual with so many friends. We could tell the interventionist loved our daughter and that was so very important to us as well. I can't thank her and ECIP enough for being there when I needed them.

- ECIP mother

An ECIP story...

Our son was born in April 2003. Early on we noticed that our precious little boy was not meeting the mi[illegible]nes of a typical child his age. When he was around a year old, he was seen at the Developmental Centre at the Regina General Hospital. From there, we were referred to Wascana Rehabilitation Centre and ECIP. At 16 months of age, he was accepted into the program. His early interventionist works closely with occupational, speech, and physical therapists, implementing various parts of these therapies during our home visits. With a continuous supply of toys from the toy library, musical therapy, endless resources through books and videos, as well as lending emotional support to us, ECIP has been there! ECIP has become instrumental in our journey which eventually led to an Autism Spectrum Disorder diagnosis and a global cognitive developmental delay. Feeling completely overwhelmed and scared, the support and guidance we received from ECIP has helped us to where we are today. Now three-and-a-half years old, our son is walking. Although he is not yet talking, our ECIP introduced him to the Picture Exchange Communication System (PECS) which he is improving on every day. He is now attending a Discovery preschool, started an amazing new daycare, attends seasonal camps at the Autism Resource Centre, and continues therapies at Wascana Rehabilitation Center. A private case worker also comes into our home twice a week. With his contagious smile, our son has given us the opportunity to be introduced to some of the most amazing, kind, and caring people. Our family will forever be grateful for the support we have received from ECIP!

- ECIP mother

KidsFirst

Announced in April 2001, KidsFirst is an interministry initiative designed to support families to nurture their children, prenatal to age five. The program focuses on providing prevention and early intervention services to families living in vulnerable circumstances.

The KidsFirst program is comprised of two program streams: intensive services in nine targeted communities; and Regional KidsFirst Early Childhood Community Developers who work with stakeholders and partners to strengthen early childhood services across the province.

Intensive KidsFirst services are offered in Meadow Lake, Moose Jaw, Nipawin, the North, North Battleford, Prince Albert, Regina, Saskatoon and Yorkton.

Each targeted KidsFirst site receives guidance from an intersectoral Management Committee. Membership includes representatives from regional Ministry of Social Services offices, health authorities, school divisions, regional Ministry of Education offices, Regional Intersectoral Committees, community partners and First Nations and Métis organizations. This has allowed KidsFirst to draw on community strengths and expertise.

The diversity of KidsFirst families is reflected in the diversity of community organizations involved in service delivery. Key partners may include Aboriginal Head Starts, Tribal Councils, Métis service agencies, Open Door Societies and other local service agencies. The model allows for services that reflect local demographics and service access in the neighbourhoods where KidsFirst families reside.

Community-based organizations that host the KidsFirst program also offer a broad range of programming to the community at large. KidsFirst families are encouraged to participate in these activities in order to build connections to the wider community. Families are able to establish wider social networks in ways that are meaningful to them and to participate in services that will benefit them.

KidsFirst services include:

- **Prenatal services** - work with pregnant women to ensure they have the healthiest pregnancy possible. This includes receiving proper nutrition or nutritional supplements, prenatal education, medical care, and access to mental health and addictions services.

- **In-hospital birth questionnaire** - after the birth of a child, Saskatchewan parents are asked a series of questions about their health and family situation. Responses to these questions give service providers information to link families to early childhood development services available in their community. Aggregated data provides information about families with new babies at regional and provincial levels.

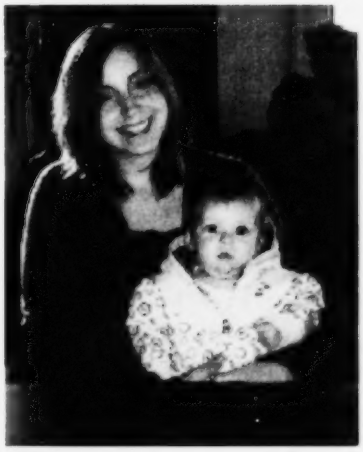
- **Home visiting** - this is the cornerstone of the KidsFirst program. KidsFirst uses a lay or mentor model of home visiting. Home visitors work directly with families and are supported by supervisors and the mental health and addictions team. Home visitors work to promote healthy child development and parent-child interactions. Establishing and working towards family-identified goals, such as going back to school, finding a job, or becoming a better parent are key to this work. The supportive relationship home visitors establish with families builds family confidence and capacity so families can eventually 'graduate' from KidsFirst.

- **Early learning opportunities** - children participate in consistent, community-based opportunities to support their social, cognitive, physical and emotional development.

- **Access to child care** - enables families to participate in skills training and the work force. These environments provide positive experiences that support positive child development.
- **Dedicated mental health and addictions services** - assists families through creative outreach and enhances the work of home visitors.
- **Community-based supports** - enhance family knowledge and social networks through literacy programs, child development skills, nutrition education, skills training, parenting education and family activities.

In 2007-08, 804 new families began participating in KidsFirst. On March 31, 2008, there were 1,046 families enrolled and participating in KidsFirst services. In 2007-08, communities focused on increasing the number of families with children with complete immunizations. KidsFirst also worked to broaden the scope of management committees to address broader early childhood development issues in the community, in addition to issues specific to the KidsFirst program.

Provincial meetings at the program manager level provide a forum to discuss policy and program standards for KidsFirst sites, and to share local knowledge to support families and home visitor practice. Topics included: the release of a training video to health professionals and hospitals across the province to support the collection of the In-Hospital Birth Questionnaire; an update to the In-Hospital Birth Questionnaire form; development of an evaluation framework for the intensive KidsFirst program; and a Quality Assurance sub-committee to make recommendations to improve the quality of practice at the program level.



A KidsFirst Story ...

The help and support I've received has been over and above what I had ever expected. I'm grateful for all the ladies that work with *KidsFirst*. They are a blessing to so many of us moms.

- KidsFirst Mom

A Road to Remember

Walking the floor with a crying baby,
Changing diapers, rocking a sleeping child...
This is a winding road we are traveling

Creeping crawling, first steps, being there to
Hear our babies first words...
This is a wonderful road we are traveling

Playing with play dough, tickles and laughter,
Colouring with mom at the table...
This is a precious road we are traveling

Tears and tantrums, terrible twos,
Holding, hugging, lots of loving...
This is a memorable road we are traveling

Through the years we have been bumping
Along and growing as a family...
This is a road to remember

We look forward to watching our little one grow
And become who they are meant to be...
Who will one day travel a road to remember...

- KidsFirst Home Visiting Supervisor

A KidsFirst Story ...

We were covering a section in Growing Great Families called 'Learning About Family Values and Strengths'. The unit starts out with asking the client who she considers her child's family to be. I explained to the mom that could include not only herself but even extended family and those who care about her children and are there for them in a supportive way. The mom's answer was herself, her husband, her extended family and you guys — KidsFirst. This really goes to show why our weekly visits are so important.

- KidsFirst Home Visitor

A KidsFirst Story ...

I would like to thank the KidsFirst staff for being so positive about helping children learn and assisting parents in fostering development through songs, toys, puzzles, finger plays, crafts and other types of interaction with children.

KidsFirst is important to my child and me because we are benefiting in a real, tangible way. We hope that this program will continue for a long time to benefit other families.

Since participating in KidsFirst I have changed the way I interact with my child. I now describe things more, sing/teach new songs at least three times, am more aware that my baby is constantly processing information and every chance I get is an opportunity for him to learn and grow mentally and spiritually. Thanks to all of you for your enthusiasm, your smiles and your care for my baby's development.

- KidsFirst Mom

A KidsFirst Story ...

Since joining KidsFirst, one mom has started attending a support group for women experiencing domestic violence. She is in counselling and her child has received support as well. She no longer permits the use of alcohol or drugs in her home.

- KidsFirst Home Visitor

Regional KidsFirst

Regional KidsFirst Early Childhood Community Developers work with community stakeholders and partners to develop strategies that support vulnerable families and coordinate services for young children and their families.

Working within the borders of provincial regional health authorities, they facilitate planning and collaboration to support early childhood development. Community Developers receive guidance from, and collaborate with, a variety of partners. These include tribal councils, First Nations service agencies, Métis Friendship Centres, community-based early childhood development services, Early Childhood Intervention Programs, school divisions, Regional Intersectoral Committees, parent support programs and public health nurses.

In 2007-08, Regional KidsFirst Community Developers focused on fostering relationships among intersectoral partners, building knowledge about community development and sharing ideas to build community capacity.

Regional KidsFirst Community Developers built knowledge around the importance of the early years and availability of early childhood development services.

Although Regional KidsFirst Community Developers have diverse roles within their communities, they all work to support children to learn. Benefits to the community as a result of this work include:

- increased knowledge of language development among early childhood educators to enhance preschool children's language development;
- increased positive family interactions;
- increased awareness of the benefits of family literacy;
- strengthened community partnerships focusing on the early years;
- increased parent knowledge about childhood developmental milestones;
- improved supports for child language development; and
- improved referrals and supports for young children and their families.

Year-Over-Year Investments in Early Childhood Development 2001-02 to 2007-08

The following table outlines actual expenditures for Early Childhood Development. From 2001-02 to 2007-08, expenditures under the Early Childhood Development Federal/ Provincial/ Territorial Framework Agreement totalled $88.7 million. Federal revenue totalled $99.9 million at the end of 2007-08.

Program Area	2001-02 Actual	2002-03 Actual	2003-04 Actual	2004-05 Actual	2005-06 Actual	2006-07 Actual	2007-08 Actual
KidsFirst							
Regional *KidsFirst* Communities	$637,000	$0 [1]	$618,000	$637,000	$648,000	$660,000	$682,000
Targeted *KidsFirst* Communities	$3,009,000	$6,754,000	$9,805,000	$11,114,000[2]	$12,300,000[2]	$12,300,000[2]	$12,576,000[2]
Program Support [3]	$945,000	$590,000	$677,000	$1,109,000	$865,000[4]	$437,000	$500,000
Child Care - Training, wage enhancement and start up grants	$1,019,000	$1,019,000	$1,019,000	$1,019,000	$1,019,000	$1,019,000	$1,019,000
Early Intervention Spaces	$370,000	$370,000	$370,000	$370,000	$370,000	$370,000	$370,000
Prekindergarten Program	$200,000	$200,000	$200,000	$200,000	$200,000	$200,000	$204,000
Infant Mortality Reduction Initiatives	$95,000	$72,000	$0	$50,000	$35,000	$21,000	$35,000
TOTAL	$6,275,000	$9,005,000	$12,689,000	$14,499,000	$15,855,000	$14,941,000	$15,386,000

[1] Expenditures for 2002-03 were expensed in 2001-02.
[2] Includes $100,000 provided as additional support under the Cognitive Disability Strategy.
[3] Includes training, program tracking and program evaluation.
[4] Includes $418,000 to establish the Saskatchewan Literacy Commission.

Year-Over-Year Investments in Early Learning and Child Care 2002-03 to 2007-08

	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
Early Learning and Child Care						
Child Care Spaces						
- Infant spaces	357	452	498	576	609	653
- Toddler spaces	980	1,129	1,206	1,380	1,430	1,522
- Preschool spaces	2,949	3.085	3,162	3,454	3,574	3,660
- School-aged spaces	837	874	902	907	935	994
Total centre-based spaces	**5,123**	**5,540**	**5,768**	**6,317**	**6,548**	**6,829**
- Licensed family child care home spaces	1,683	1,595	1,476	1,421	1,357	1,263
- Group family child care home spaces	477	775	893	974	945	1,104
Total licensed family child care home spaces	**2,160**	**2,370**	**2,369**	**2,395**	**2,302**	**2,367**
Total licensed child care spaces	**7,283**	**7,910**	**8,137**	**8,712**	**8,850**	**9,196**

	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
Prekindergarten						
- Number of programs [5]	89	104	104	104	119	155
- Number of spaces	1,300	1,661	1,666	1,664 [6]	1,904 [6]	2,480 [6]

[5] Includes four programs financed through federal ECD funds serving 66 children.

[6] Based on an estimated 16 spaces per program.

	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
Early Entrance Designated Disabled Pupil Program						
- Number of children	289	307	230	257	284	243

	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
Child Care Subsidy						
- Average number of subsidies	3,353	3,408	3,518	3,375	3,362	3,412
- Average monthly subsidy	$239.96	$254.64	$264.70	$283.49	$345.68	$396.45
Total child care subsidy	**$9,665,000**	**$10,414,000**	**$11,183,000**	**$11,482,000**	**$13,946,000**	**$15,986,000**

	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
Grants for Child Care Programs						
- Early Childhood Services Grants [7]	$4,441,000	$5,270,000	$5,828,000	$6,988,000	$12,331,000	$14,095,000
- Teen Support Grants	$732,000	$873,000	$995,000	$1,027,000	$1,916,000	$2,497,000
- Preschool Support Grants	$504,000	$508,000	$508,000	$556,000	$576,000	$577,000
- Start-up Grants [8]	$153,000	$206,000	$142,000	$299,000	$114,000	$338,000
- Home Equipment / Programming Grants	$129,000	$134,000 [9]	$150,000 [9]	$157,000 [9]	$150,000 [9]	$1,005,000 [10]
- Special Northern Allowances	$19,000	--	$39,000	$29,000	$27,000	$35,000
- Community Solutions Grants *(rural, workplace, special needs, etc.)*	$610,000	$702,000	$857,000	$1,040,000	$1,000,000	$973,000
- Training / Education Grants [12]	$9,000	$4,000	$3,000	$21,000	$3,000	$1,078,000
- Special Needs Grants	$1,415,000	$1,606,000	$1,684,000	$1,992,000	$2,236,000	$2,743,000
- New Space Development Grant	--	$417,000	$166,000	$605,000	$176,000	$3,342,000
- Maintenance	--	--	--	--	--	$1,998,000
- Learning Environment Grant	--	--	--	--	--	$3,025,000
Total child care grants [11] [12]	**$8,012,000**	**$9,720,000**	**$10,372,000**	**$12,714,000**	**$18,529,000**	**$31,706,000**
- Child care administration / regional supports	$1,826,000	$2,014,000	$1,933,000	$2,132,000	$3,045,000	$2,344,000 [13]

[7] Plus $869,000 Early Childhood Development funds (ECD).
[8] Plus $15,000 ECD.
[9] Plus $50,000 ECD.
[10] Includes $822.00 for introduction of Nutrition Grant.
[11] Plus $85,000 ECD.
[12] Plus $1,019,000 ECD.
[13] With the move of the Early Learning and Child Care program to the Ministry of Education in 2007-08, subsidy administration is not included in this figure and will no longer be reported.

KidsFirst Results 2007-08

This section provides information about the decision-making and financial accountability structure of the intensive KidsFirst program in targeted communities, along with the performance results achieved by the program.

Funding and policy direction for KidsFirst is provided by four provincial government ministries. The Ministry of Health funds the birth questionnaire, in-depth assessment and the home visiting program, as well as dedicated mental health and alcohol and drug addiction services. The Ministry of Education funds early learning programs, child care spaces and early intervention programs, as well as central program support and accountability. The Ministry of First Nations and Métis Relations and the Ministry of Social Services provide policy direction to the program.

Partnership agreements are established between the provincial government and health regions and school divisions, who act as accountable partners. These agreements outline roles and responsibilities for the program. The Province sets policy and program direction, allocates funding, approves community plans, tracks and reports expenditures and evaluates progress of the program. The accountable partner, working collaboratively with the local KidsFirst Management Committee, is responsible for governance and accountability at each site. KidsFirst communities report regularly to the Province on progress and expenditures for community initiatives and services delivered.

The Province, KidsFirst Program Managers and KidsFirst Early Childhood Community Developers ensure the program objectives are met. They also collaborate to continuously improve program delivery and its accountability framework.

Further information about the KidsFirst program can be obtained at www.education.gov.sk.ca/KidsFirst.

Background

Performance measures have been developed in consultation with KidsFirst targeted communities and partner ministries. These indicators track family progress and focus on the key areas where KidsFirst devotes time and resources to support families.

The *Early Childhood Development Progress Report 2007/2008* provides baseline and progress information for KidsFirst families. Enrollment data about families is gathered from a standard in-depth assessment questionnaire administered by professional assessors to families when they were enrolled in the KidsFirst program. The enrollment information in this report is for families enrolled in the program from 2002-08, except where otherwise stated.

Progress information comes from ongoing assessment data. KidsFirst home visitors re-pose questions from the in-depth assessment after families have been involved in KidsFirst for a period of time. The data looks at the group of families who scored below standard cut-offs for risk on the in-depth assessment. Progress data shows the percentage of families in this group who have demonstrated progress on a particular indicator.

As families become more comfortable with KidsFirst staff, greater knowledge about family circumstances emerges. Ongoing data presented in this report provides a preliminary picture. Ongoing analysis of the data results, in consultation with KidsFirst staff, will be required to ensure that the circumstances experienced by KidsFirst families are accurately reflected.

Healthy Babies

Prenatal Care

For children to be born healthy, their mothers must also be healthy. Less than optimal fetal development can result from factors that include deficiencies in nutrition, maternal stress, maternal smoking, drugs and alcohol, insufficient exercise and inadequate prenatal care. Low birth weight can have an impact on adult health since it increases the likelihood of reduced cardiovascular, respiratory, pancreatic and kidney development and function (International Centre for Health and Society, *Social Determinants of Health: The Solid Facts*, Second Edition, Richard Wilkinson and Michael Marmot, editors, 2003, www.euro.who.int/document/e81384.pdf)

Pregnant women who use alcohol and/or drugs during pregnancy require intensive supports to assist them to have the healthiest pregnancy possible. Women are referred to KidsFirst services after they become pregnant. As a result, interventions focus on providing adequate nutrition and prenatal care in order to reduce the effects of drugs and alcohol on the fetus. KidsFirst home visitors assist pregnant women to stabilize their circumstances by helping them find safe housing and access to nutritious food. As well, KidsFirst Mental Health and Addiction teams support expectant mothers.

Key Actions

- Ensure pregnant women in the program have access to prenatal supplements.
  - 100% of pregnant women in the program had access to prenatal supplements.
- Ensure pregnant women in the program have access to prenatal care and education programs.
  - 100% of pregnant women and their families at all nine program sites had access to prenatal care and education programs.

What are we measuring?	Where are we starting from? What is the change?
Percentage of pregnant women enrolled in the KidsFirst program who increase the number of prenatal education components they access.	67% at enrollment (2002-08) 80% of families progressed (2006-07) 80% of families progressed (2007-08)
Percentage of pregnant women enrolled in the KidsFirst program who increase the number of prenatal health care components they access.	94% at enrollment (2002-08) 16% of families progressed (2007-08)

The KidsFirst program supports the health of prenatal women and their fetus by providing access to good nutrition. This includes milk voucher programs, fresh food vouchers, and prenatal vitamins. The program also provides prenatal care and education programs and referrals to expectant mothers.

- In 2007-08, 80% of pregnant women who were not accessing prenatal education components when they became involved in KidsFirst improved their access when they were later reassessed.
- In 2007-08, 16% of pregnant women who were not accessing prenatal health care at enrollment, began accessing health care after involvement in KidsFirst.

Mental Health and Addictions

A child's health and well-being is impacted when his or her family is challenged by mental health and addictions issues. It is particularly important to address alcohol and drug use by pregnant women because these substances have a direct negative impact on the developing fetus. It is also important to engage postnatal families about substance abuse and mental health issues. Postpartum depression is a common challenge among KidsFirst families, as it is among many new mothers. Postpartum depression can make it difficult for new mothers to bond with and form a secure attachment to their infant.

Key Actions for 2007-08

- Ensure pregnant women in the program have access to appropriate mental health and addiction services.
  - 100% of pregnant women in the program had access to mental health and addiction services.
- Ensure access to mental health and addiction services as required by families.
  - 100% of families had access to mental health and addiction services as required.

KidsFirst offers dedicated mental health and addictions supports to families. The focus of these services is on creative outreach and building strong relationships with families. This is particularly important to the First Nations and Métis families participating in KidsFirst. Experience within Saskatchewan regional health authorities shows that the First Nation and Métis population is underrepresented in voluntary mental health and addictions programs and overrepresented in similar programs ordered by the courts. The Mental Health and Addictions team is an important piece in the program's approach to home visiting, since they also provide support to home visitors and offer a different perspective regarding how families may be able to better address their challenges.

KidsFirst families are also supported to make use of mental health, substance abuse and addictions supports outside of those offered directly by KidsFirst, including Family Service agencies; regional health authority mental health; alternative measures programming; traditional First Nations practices and ceremonies; and private counselling.

Child Health and Well-being

Studies examining child well-being and development demonstrate that children in lower socio-economic categories tend to be at greater risk of poor health status than children living in more favourable economic circumstances. Vulnerable families experience barriers to accessing preventative health services. Barriers include lack of child care and lack of transportation. As a result, families tend to wait until their health problems are serious before seeking medical help. This leads to complications such as increased infant hospitalizations, more severe illness and higher use of emergency health services. Inadequate prenatal care, incomplete child immunization, lack of access to dental care, inadequate housing, family stress and poor nutrition also impact the health status of children.

KidsFirst communities work to remove barriers for families by providing transportation to immunization clinics and physician appointments, as well as providing child care services to enable parents to take their infants to medical check-ups. KidsFirst communities have also integrated primary health care education into their home visiting curriculum so that parents are aware of services available to them and the benefits to their child's health.

Key Actions for 2007-08

- Enable client families to access immunization for their children.
  - All nine communities provided client access to immunization.
  - In 2007-08, six of the nine communities manually tracked child immunization. In these communities, 60% to 99% of primary children are up to date with immunizations.
- Provide education regarding the benefits of consistent primary health care.
  - All nine communities provided families with education and information about the benefits of consistent primary health care, such as sharing information based on the Growing Great Kids curriculum, providing CPR and First Aid training, accompanying families to doctor visits, providing resources that support lactation and contraception use, and dental health sessions.

Even with the support of KidsFirst, there are a number of barriers to achieving this objective. Many KidsFirst communities experience high turnover of medical practitioners. This disrupts access to services and requires families to re-develop relationships with new professionals. In the North, many communities do not have easily accessible and consistent health care providers.

Social Determinants of Health

Encouraging the overall well-being and functioning of families within KidsFirst is key to their future success. The components of the program and the community partnerships create linkages to programs and services outside of KidsFirst that support housing, food security, education, employment and income levels. Improvements in these areas are necessary to influence child development. While KidsFirst supports and advocates on behalf of families, a number of factors are beyond the direct scope of control of the KidsFirst program.

Key Actions for 2007-08

- Provide supports to families which promote development of social support networks.
  - All nine communities provided opportunities for families to develop and enlarge their social support networks through events such as annual family barbeques, Christmas parties, community gardens, swimming nights, bowling, community cooking classes, access to Elders and ceremonies, wild game preparation, wild berry picking and jam making classes, moss bag classes, men's nights, and referrals to human service organizations.
- Broaden family access to healthy and stable food resources.
  - In 2007-08, all nine communities participated in programs to support family food security, including food hampers, Good Food Box programs, community kitchens, cooking classes, cooking with an Elder in-home, wild game preparation, wild berry picking and jam making classes, nutrition information and community gardens.
- Facilitate families' access to available benefits programs.
  - All nine KidsFirst communities worked with the Ministry of Social Services, as well as other agencies, to ensure that families had access to available benefit programs.

Increased education, skills training and literacy improves a family's ability to become employed, raise their standard of living, and become independent of social assistance. Tracking improvements in education levels among KidsFirst participants provides a proxy for anticipated improvements in family income status and the ability to obtain safer and more adequate housing, transportation, nutritious food, early learning and child care, and recreation opportunities.

KidsFirst itself has no direct influence on income levels. However, KidsFirst focuses time and energy on this area because research shows that people with lower socioeconomic status have substantially shorter life expectancies and experience more illness than families with more resources. The program works to provide the supports families need to build their skills and improve their circumstances over time. KidsFirst works with families to achieve this goal by linking them to the basic necessities of life and providing access to education, skills training, literacy programs, transportation, child care, and support and mentoring from home visitors.

What are we measuring?	**Where are we starting from?** **What is the change?**
Percentage of KidsFirst families whose level of social support improves over time.	57% at enrollment (2002-08) 89% of families progressed (2006-07) 90% of families progressed (2007-08)

Having someone to turn to for advice, moral support and practical assistance increases a family's ability to be a strong, nurturing unit. All families require assistance from supportive friends, relatives and community organizations. Social isolation and exclusion are linked to increased rates of premature death and poor chances of survival after a heart attack. People with little emotional support experience reduced well-being, more depression, a greater risk of pregnancy complications and higher levels of disability from chronic disease (International Centre for Health and Society, *Social Determinants of Health: The Solid Facts*, Second Edition, Richard Wilkinson and Michael Marmot, editors, 2003, www.euro.who.int/document/e81384.pdf).

Opportunities that help KidsFirst families to build their own networks at the neighbourhood and individual level help them to develop the skills and capacities necessary to make good choices, parent successfully and achieve their goals. KidsFirst works to remove barriers for families to participate in social events by providing transportation and child care, along with hosting events in KidsFirst families' home neighbourhoods.

- In 2007-08, 90% of KidsFirst families who did not have adequate social supports at enrollment later improved their social support networks.

What are we measuring?	Where are we starting from? What is the change?
Percentage of KidsFirst families with adequate food security.	75% at enrollment (2002-08) 86% of families progressed (2006-07) 87% of families progressed (2007-08)

Access to food is foundational to good health. Families with adequate food security have access to enough food for an active, healthy lifestyle. The food they eat is nutritionally adequate and safe. Families with food security are not reliant on emergency food supplies, scavenging, stealing or other coping strategies. Proper nourishment and nutrition is important for children since it supports healthy gowth and brain development. Families with lower incomes tend to have less food security than more affluent families. Lack of food security among low-income Canadians is linked to a higher risk of diabetes than average Canadians, particularly among females (four times higher risk) and First Nations and Métis people (three to five times higher risk) (Canadian Nurses Association, *Social Determinants of Health and Nursing: A Summary of Issues CNA Backgrounder*, October 2005, www.cnaaiic.ca/CNA/documents/pdf/publications).

KidsFirst supports families to obtain and prepare nutritious foods, both directly and indirectly, by encouraging access to community kitchens, Good Food Box programs, instruction in food preparation, budgeting and ensuring appropriate enrollment in income support programs, along with access to food banks as necessary.

- 87% of KidsFirst families reported adequate food security when they were enrolled in the program in 2007-08.

Family Interactions

Parents play the most important role in the development of their children. The quality of interactions between parents and children – if parents are warm and positive versus harsh and angry – is an important factor in child development. Children who are nurtured by emotionally healthy caregivers develop positive social and emotional behaviours. Many of the families in the KidsFirst program are struggling with these issues because of challenges coping with stress and crises and/or a lack of positive role models during their own childhood. Despite their desire to be good caregivers, many parents have not had the opportunity to learn positive parenting skills. This can lead to poor parent-child attachment, difficult child behaviours and negative emotional and social development of the child.

Key Actions for 2007-08

- Ensure access to existing community services targeted at development of stronger parenting skills.
  - All nine communities provided access to supports to help families develop stronger parenting skills. This includes delivering information based on the Growing Great Kids curriculum, as well as linking families to programs like Nobody's Perfect, Aboriginal Family Services, Traditional Parenting, Families and Schools Together, Early Childhood Families and Schools Together, Come Read with Me, Make the Connection, Mom and Tot programs and other parenting programs offered by partner agencies.
- Ensure the program is compliant with The Provincial Child Abuse Protocol.
  - All nine communities were compliant with The Provincial Child Abuse Protocol.

What are we measuring?	**Where are we starting from?** **What is the change?**
Percentage of KidsFirst families with realistic expectations of age-appropriate behaviour when exhibited by the child.	71% at enrollment (2002-08) 86% of families progressed (2006-07) 88% of families progressed (2007-08)
Percentage of KidsFirst families that exhibit and express positive acceptance of the child.	80% at enrollment (2002-08) 79% of families progressed (2006-07) 90% of families progressed (2007-08)
Percentage of KidsFirst families that have no impediments in order to be motivated and responsible for meeting the needs of the child.	77% at enrollment (2002-08) 88% of families progressed (2006-07) 84% of families progressed (2007-08)
Percentage of KidsFirst families in which the adult caregivers provide appropriate amounts of emotional nurturance and support to the child and family members.	60% at enrollment (2002-08) 83% of families progressed (2006-07) 82% of families progressed (2007-08)

Supportive parent-child relationships begin during infancy with the attachment process. KidsFirst home visitors guide parents to create strong attachments with infants — by holding, cuddling, playing with and being responsive to the infant's cues. As they mature, infants move through developmental stages and use a parent or other caregiver as a base to explore

the world around them. Securely attached children know they can count on their parents to meet their needs, and that they will be encouraged to explore the world around them within safe boundaries. Secure attachment is also the foundation for positive social relationships. Because they feel safe and secure, they have the confidence and sense of competence they need to try new things and to learn and trust people besides their parents (Centre of Knowledge on Healthy Child Development, Offord Centre for Child Studies, McMaster University, "What Children Need to Grow and Thrive: The Importance of Attachment", www.knowledge.offordcentre.com). KidsFirst home visitors at all sites provide parents with suggestions based on a standardized curriculum that was developed based on research and best practices to support these early childhood development goals.

As children grow from infants into toddlers, parents continue to provide emotional nurturance, support and advice. Home visitors talk to parents about children's abilities at different stages and reasonable expectations based on these abilities. Parents are also encouraged to interact with their children in clear and consistent ways.

- In 2007-08, 88% of KidsFirst parents who did not have age appropriate expectations of their children at program enrollment, improved their expectations.
- In 2007-08, 90% of KidsFirst families who scored low on acceptance of and engagement with their children at program enrollment, later showed improvements.
- In 2007-08, 84% of KidsFirst parents involved in the program who scored low at enrollment, improved their ability to meet their children's needs and reduced the impediments they experienced to caring for their children.
- In 2007-08, 82% of KidsFirst families who scored low at program enrollment later showed improved nurturance when they were re-assessed.

Safe and Secure Home Environment

Children thrive in environments that are safe and free from physical hazards, are filled with positive stimuli, and have adequate space for play and learning. KidsFirst supports families to find safe, secure housing and provides families with information about ways to increase home safety.

Key Actions for 2007-08

- Provide education related to housing and home safety.
  - All KidsFirst communities provided education related to housing and home safety.

What are we measuring?	Where are we starting from? What is the change?
Percentage of KidsFirst families who have taken action to improve the safety of the living conditions in their home.	85% at enrollment (2002-08) 94% of families progressed (2006-07) 93% of families progressed (2007-08)
Percentage of KidsFirst families who have taken action to ensure they are living in suitable housing.	81% at enrollment (2002-08) 83% of families progressed (2006-07) 89% of families progressed (2007-08)
Percentage of KidsFirst families living in stable housing for the foreseeable future.	68% at enrollment (2002-08) 88% of families progressed (2006-07) 86% of families progressed (2007-08)

Engaging families in activities that help address home safety and security issues is important for improving their housing conditions. Suitable, stable and adequate housing supports the social, emotional, spiritual, cognitive and physical development of children and families.

KidsFirst communities work to ensure families are aware of preventable health and safety risks for their children. Home visitors provide guidance for change in areas such as:

- fire safety and working smoke detectors in the home;
- child-proofing play areas and other living spaces;
- safe cribs;
- safe, properly installed car seats;
- instruction on basic first aid; and
- ways to prevent children choking on or swallowing small items.

In 2007-08:

- 93% of KidsFirst families who had unsafe conditions in their homes at enrollment, had taken steps to make their homes as safe as possible by removing hazards and making changes when unsafe conditions were pointed out.
- 89% of KidsFirst families living in housing in need of major repairs were able to improve the suitability of their housing.

- 86% of families who had a high degree of housing instability at enrollment, reported at reassessment that their housing situation was more stable.

KidsFirst also asks families about their housing suitability. In this case, dwellings are considered suitable when there are enough bedrooms for the size and make up of the family in the household according to National Occupancy Standard requirements. These requirements are based on the number of people living in the residence compared to the number of bedrooms.

- In 2007-08, 51% of KidsFirst families did not have suitable housing when they were enrolled in the program.
- In 2007-08, 21% of families who did not have housing to match their family size and composition at enrollment, were later able to improve their housing adequacy.

Healthy Families

Ability to Learn

KidsFirst communities work with partner agencies to provide stimulating environments, play-based learning, and early identification and support for children with special needs to promote their ability to learn. For some families, structured care and learning environments outside the home complement their efforts to address social and economic challenges. High quality early learning and child care settings promote later success in school achievement.

What are we measuring?	Where are we starting from? What is the change?
Comparative rate of child development using the Ages and Stages Questionnaire (ASQ).	94% (2005-06 Baseline)[1] 94% of children within the normal range (2006-07) 92% of children within the normal range (2007-08)
Comparative rate of child development using the Ages and Stages Questionnaire: Social / Emotional (ASQ-SE).	82% Baseline (2005-06)[1] 82% of children within the normal range (2006-07) 92% of children within the normal range (2007-08)

[1] Baseline represents first year data is available.

Child development is optimized within specific time frames or windows of opportunity. Though children have natural resilience and an ability to "catch up," children who miss these windows do not develop at typical rates. Addressing these gaps later in life often requires more intensive and costly interventions.

- In 2007-08, 92% of children in KidsFirst were developing at normally expected rates in areas of communication, gross and fine motor skills, problem-solving abilities and personal-social skills.
- In 2007-08, 92% of KidsFirst children had normal emotional development.

The tools the KidsFirst program uses to assess development, the Ages and Stages Questionnaires, are used extensively in North America. This tool has been rigorously researched and repeatedly been shown to correctly flag children who have delays and exclude those who do not. The Ages and Stages Questionnaires have high rates of reliability, validity, and accuracy. The results from the questionnaires are used to refer children who score outside of normative ranges to early childhood human service professionals.

Communication and problem solving are two areas where KidsFirst children face challenges in development and score outside of the normative ranges established by the Ages and Stages Questionnaire and the Ages and Stages Questionnaire: Social/Emotional.

Children who have problems communicating and solving problems are at risk of poor school performance and can experience difficulty in social relationships because they have difficulty communicating ith others and making their needs heard. As a result, these children may be more likely to act out, have more difficulty making friends and feel sad, frustrated, and angry more often. (Centre of Knowledge on Healthy Child Development, Offord Centre for Child Studies, McMaster University, *Behaviour Problems in Children and Adolescents*, 2007, www.knowledge.offordcentre.com). This has implications for service providers within KidsFirst and its partners, especially the education system. Further analysis of this result is required, and an enhanced focus on communication and problem-solving skills by KidsFirst staff may be indicated.

What are we measuring?	**Where are we starting from?** **What is the change?**
Percentage of KidsFirst families participating in Growing Great Kids curriculum.	68% (2005-06 Baseline) [1] 68% (2006-07) 64% (2007-08)

[1] Baseline represents first year the data is available.

The KidsFirst program encourages families to enhance their parenting skills in a variety of ways. The Growing Great Kids curriculum, delivered by home visitors, encourages parents to interact with their children to support brain development and cognition, nurture the parent-child bond and recognize children's needs by identifying cues. All home visitors in the KidsFirst program are trained in the Growing Great Kids curriculum. Home visitors guide parents through the curriculum and work together to create a developmentally stimulating and loving environment in the home.

- In 2007-08, 64% of KidsFirst families were actively participating in the Growing Great Kids curriculum.

The KidsFirst program is working to increase the percentage of families actively participating in the Growing Great Kids curriculum. Research shows that a high quality curriculum, delivered consistently, is important for positive outcomes for children and families.

KidsFirst home visitors are trained to demonstrate positive modelling to parents in all regular home visits, regardless of the age of the child. Community events often involve activities that support parent-child interactions, encourage the use of problem-solving skills and support ways to enhance child development. Partnerships with agencies, such as the Early Childhood Intervention Program, improve learning outcomes by providing specialized supports to KidsFirst children with developmental challenges.

Program Supports

Accountability

Community partnerships are at the core of the development and implementation of the KidsFirst program. Leadership of the KidsFirst program is shared by the provincial government and the communities receiving KidsFirst funding.

Key Actions for 2007-08

- Ensure long-term program sustainability of community KidsFirst annual plans.
  - All communities provided annual budget plans in 2007-08 that were reviewed for long-term sustainability.

- Ensure program participation is compliant with *The Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act*.
    - All nine communities were compliant with *The Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act*.
- Prepare and publish reports to the public on investments and progress in accordance with federal/provincial/territorial agreement requirements.
    - In 2007-08, the *Early Childhood Development Progress Report 2005/2006* was published to meet reporting requirements.

Service System for Early Childhood Development and Community Development

Program staff work with community partners to build human service systems that are integrated, seamless and responsive to family circumstances.

Key Actions for 2007-08

- Ensure maintenance of appropriate representation on the local management committees, with particular emphasis on First Nations and Métis representation.
    - All communities had management structures that represented the diverse interests of their communities. In 2007-08, all communities reported First Nations and Métis representation.
- Continue building partnerships at the community level to effectively provide supports to KidsFirst families.
    - All communities engaged in partnerships at a local level. These partnerships included agencies such as the Early Childhood Intervention Program (ECIP), Canadian Prenatal Nutrition Program (CPNP), food banks, tribal councils, Aboriginal Head Starts, First Nations and Métis service agencies, Royal Canadian Mounted Police (RCMP), Regional Intersectoral Committees (RICs), Community Action Program for Children (CAPC), municipal governments, school divisions, health regions, fire departments, transition houses, early learning and child care centres, health providers and others. Additionally, KidsFirst communities provided joint training sessions for partner agencies and KidsFirst staff, and participated in training sessions offered by other community agencies.

- Continue work at the interministry level for integration of complementary programs that support children and families.
  - Ministry of Education staff contributed to the Cognitive Disabilities Strategy, the Early Learning and Child Care Strategy, the Federal/Provincial/Territorial Working Group on Early Childhood Development, the Federal/Provincial/Territorial Knowledge and Best Practices Committee, the Understanding the Early Years Projects, Early Learning Program Guide, Income Supports and many other program and policy development committees.

The KidsFirst program has focused on achieving sustainability by building on existing resources, organizations and structures. This has allowed KidsFirst to direct most resources toward programming for families. It has also allowed KidsFirst to benefit from the experience and expertise of communities, build on pre-existing early childhood development networks, and increase the capacity of existing community-based organizations.

Family Participation

The KidsFirst program is targeted to families in vulnerable circumstances in specific communities in the province. Frequently, families move within and between KidsFirst sites, First Nations reserves, and other communities, more often than the general population. KidsFirst families also experience barriers to access to a variety of services. They can be wary of involvement of government services. Engaging families to become involved in the program is therefore a necessary aspect of service delivery.

Key Actions for 2007-08

- Strive towards the universality of screening at birth those babies that are born in Saskatchewan.
  - All nine KidsFirst communities work in partnership with their regional health authorities to ensure all families with new infants have the opportunity to respond to the In Hospital Birth Questionnaire (IHBQ). The focus of this work in 2007-08 was in targeted KidsFirst communities where approximately 85% of Saskatchewan babies were born. Regional KidsFirst Community Developers created strategies to increase the rate of IHBQ completion rates in smaller hospitals in the province.

- Provide appropriate training for screening personnel within hospitals.
  - A training video was developed and distributed as a provincial resource to support consistent administration of the birth questionnaire. Maternity ward nurses worked with KidsFirst personnel, public health nurses and other early childhood service providers to complete the In Hospital Birth Questionnaire and make appropriate referrals.

What are we measuring?	Where are we starting from? What is the change?
The rate of In Hospital Birth Questionnaires per hospital live births in Saskatchewan.	64% (2005-06 Baseline) [1] 69% (2006-07) 68% (2007-08)

The In Hospital Birth Questionnaire asks questions about a family's health and socio-economic circumstances when a child is born. When aggregated, this information can provide a snap-shot of families with infants at a population level. The questions also equip service providers with information needed to link families to the spectrum of available early childhood development services that include KidsFirst, when they return home from the hospital. Success in achieving a high rate of birth questionnaire completion is dependant upon strong relationships with the province's regional health authorities and staff in hospitals who conduct the questionnaires. Based on Saskatchewan Health data, from July 1, 2007 to June 30, 2008, 68% of families who had babies in the province participated in the questionnaire.

In 2007-08, 11,746 of a total of 13,325 births in Saskatchewan took place in hospitals in Meadow Lake, Moose Jaw, the North, North Battleford, Regina, Saskatoon, Prince Albert and Yorkton. 82% of families who had babies in these hospitals participated in the In Hospital Birth Questionnaire.

Among those families who participated in the In Hospital Birth Questionnaire, approximately 31% had circumstances that made their child vulnerable to develop below expected levels due to congenital factors and the social determinants of health. Eight percent of families with these vulnerabilities lived in targeted KidsFirst neighbourhoods.

The remaining 23% of families lived in urban, rural and First Nations communities outside the nine targeted KidsFirst areas. These families have access to local early childhood development resources which include Early Childhood Intervention programs, early learning and child care, public health nurses, parenting groups, Prekindergarten programs, First Nations and Métis

[1] Baseline represents first year the data is available.

services, Mom and Tot groups, community kitchens, preschool and nursery school programs, speech and language, occupational and physical therapists and parent mentoring programs.

Family Satisfaction with KidsFirst

Measuring satisfaction with the services provided by KidsFirst is important to ensuring that programs are relevant and meaningful to participants. The provincial parent satisfaction survey was developed in consultation with the KidsFirst sites to determine satisfaction with the program and its components.

Key Actions for 2007-08

- Implement a parent satisfaction survey for all KidsFirst targeted communities.
  - All nine targeted KidsFirst sites conducted the provincial parent satisfaction survey.

What are we measuring?	Where are we starting from? What is the change?
The level of parental satisfaction with KidsFirst program services through their home visitor.	94% (2005-06 Baseline) [1] 98% (2006-07) 97% (2007-08)

There is a balance between effectiveness and popularity. The degree of satisfaction participants have with the program may be influenced by their life experiences or the result of expectations they had when beginning to participate in a service. KidsFirst is a voluntary service. Families have the opportunity to decline involvement with KidsFirst. It is more likely families will make this choice if they are not satisfied with the program or with their home visitor, who is the family's primary connection to the program.

- In 2007-08, 97% of families who participated in KidsFirst reported they were satisfied with the KidsFirst services they received from their home visitor.

[1] Baseline represents first year the data is available.

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